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3739

PTO/SB/21 (08-00)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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|--|---|------------------------|-----------------|
|  |   | Application Number     | 09/751,472      |
|  |   | Filing Date            | 12/29/2000      |
|  |   | First Named Inventor   | Mody, Dinesh I. |
|  |   | Group Art Unit         | 3739            |
|  |   | Examiner Name          | Shay, David M.  |
| Total Number of Pages in This Submission | 3 | Attorney Docket Number | P028            |

### ENCLOSURES (check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form                                   | <input type="checkbox"/> Assignment Papers<br>(for an Application)                            | <input type="checkbox"/> After Allowance Communication<br>to Group                                    |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences                |
| <input checked="" type="checkbox"/> Amendment / Reply                           | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief)         |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                              | <input type="checkbox"/> Petition to Convert to a<br>Provisional Application                  | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                              | <input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence<br>Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please<br>identify below):<br><b>Postcard</b> |
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| <input type="checkbox"/> Information Disclosure Statement                       | <input type="checkbox"/> Request for Refund   |   |
| <input type="checkbox"/> Certified Copy of Priority<br>Document(s)              | <input type="checkbox"/> CD, Number of CD(s) _____  |   |
| <input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application   |   |   |
| <input type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or 1.53 |   |   |
| Remarks   |   |   |

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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                               |                   |
|-------------------------------|-------------------|
| Firm<br>or<br>Individual name | Ross M. Carothers |
| Signature                     |                   |
| Date                          | 30-JULY-02        |

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In the Patent Application of

Applicant: Mody et al.

Docket No.: P028

Ser. No.: 09/751,472

Examiner: Shay, David M.

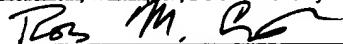
Filed on: 12/29/00

Art Unit: 3739

For: A TISSUE ABLATION APPARATUS WITH A SLIDING ABLATION INSTRUMENT  
AND METHOD

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Signed:   
Ross M. Carothers

**RESPONSE TO RESTRICTION REQUIREMENT**

Hon. Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

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This response is to the Office Action mailed July 12, 2001, wherein the Examiner required restriction of claims 1-297 under 35 U.S.C. 121 as follows:

- I. Claims 1-107, 225-255 and 275-297, drawn to a method of ablating tissue, classified in class 128, subclass 898;
- II. Claims 108-206 and 256-274, drawn to a system for ablating tissue, classified in class 606, subclass 46; and
- III. Claims 207-224, drawn to a guide sheath, classified in class 600, subclass 585.

In response to the Restriction Requirement, Applicants hereby elect Group I, without traverse.

While Applicants believe no fee is required at this time, Applicants request that any fee or additional fee due be charged to, or any overpayment credited to, Deposit Account No. 50-1894. Applicants are entitled to Small Entity Status under 37 C.F.R. §1.27.

Dated: 30 - July - 02



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